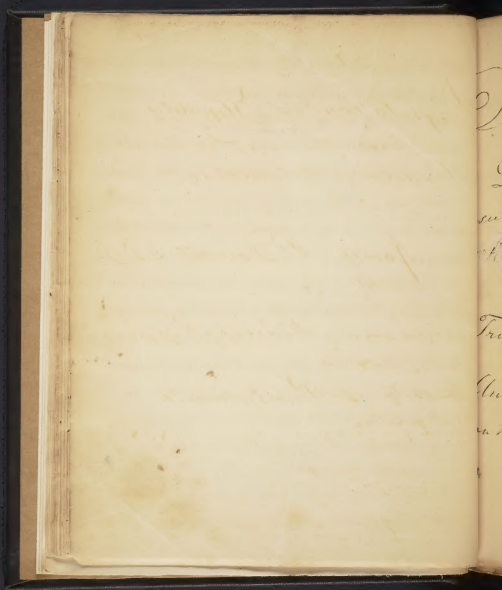


Michaelis
Joseph Soney



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Dissertation on Hepatitis

for the degree of

Doctor of Medicine

submitted to the examination of the

Hon. James McDowell L.L.D.

Provost, the

Trustees and Medical Professors
of the

University of Pennsylvania

on the 27th day of April, 1808

by
Joseph Jones
of

Virginia.

1840

James M. Smith

James M. Smith

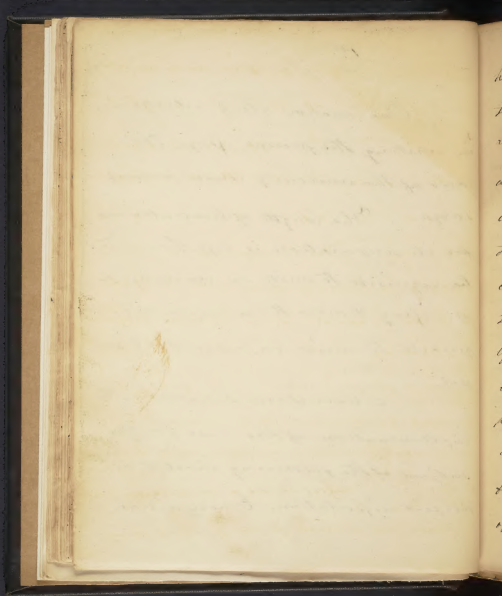
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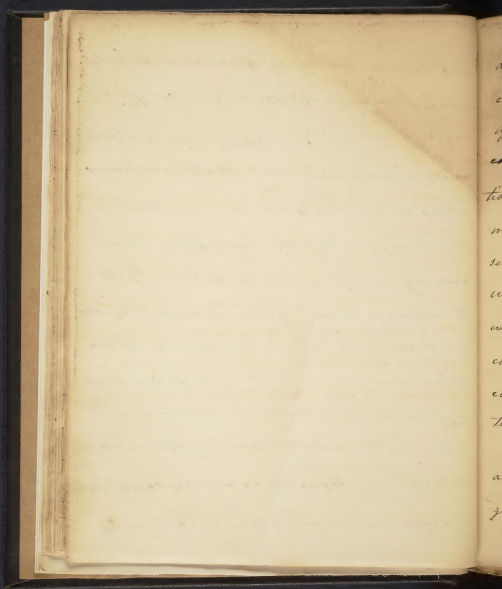
James M. Smith

One motive alone actuates me in writing the present essay. The laws of the university render it necessary. The length of time allowed for its preparation is less than would be requisite to write an experiment-
al essay & more than would be requisite to write on a practical subject.

I have chosen hepatitis or the inflammation of the liver for the subject of the following short & imperfect dissertation. Every disease

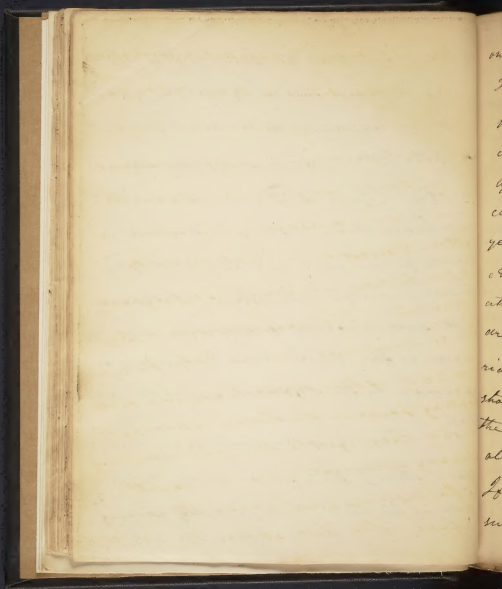


has been written on so often and so ably
that I despair of offering a single o-
riginal remark. Hepatitis is either
acute or chronic. Dr. Rush considers
it as a bilious fever concentrated in
the liver. This he infers from its oc-
curring in those places most subject
to bilious fever - from its most frequently
attacking in those seasons in which
bilious fever prevails and from those
persons being peculiarly liable to it
who are frequently affected with bilious
fever. He classifies it as a misplaced state
of fever, in which from predisposing



debility and from the force of the remote cause, morbid action is thrown chiefly from the blood-vessels and accumulated in the liver. According to the observation of Dr Clark of Tormarisk it affects men more than women. Hepatitis resembles yellow fever in rarely attacking under puberty. No viscus is attended with such a variety of symptoms when diseased as the liver. This variety is occasioned by the different seats of the affection.

The symptoms of this disease are, a strong, full pulse, pain in the region of the liver, a difficulty of lying



on the left side, & painful respiration.
There is sometimes a translocation of
morbid excitement to the head produ-
cing delirium. The pulse occasional-
ly continues natural thro' the whole
course of the disease. The urine is
yellow & secreted in small quantity,
& troublesome dry cough is a frequent
attendant. The pain in the right hypochond-
rium is sometimes absent. When the super-
ior part of this organ is affected acute
shooting pains in the thorax extending to
the shoulder with a few of the symptoms
already enumerated are the result.
If the inflammation attacks the convex
surface of the liver so that the peritoneum

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um becomes affected, the pain is increased considerably by external pressure and some degree of tumour may be observable. The state of the stomach is extremely variable. At one moment it will be free from nausea and sickness and at the next so extremely irritable that violent retching and vomiting will occur.

That Hepatitis is a state of fever the strong, tense pulse; the pain in the head &c and the method of cure convince most satisfactorily. Chronic hepatitis is known by a sensation of weight and oppression in right hypochondria and of pain sometimes without but always in some degree upon

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the application of pressure to the part, by pain in the right shoulder, a numbness in one leg or in one arm, & by a hardness in the lower edge of the liver.

The acute and chronic states alternate with each other. In hepatic patients are unable to sneeze even when the most powerful sternutatories are taken into their nostrils.---

An affection of the liver sometimes exists and an absorption of the whole of it except the large blood vessels sometimes takes place unaccompanied by any symptom indicative of disease in this organ. The famous Sir Wm Jones fell a victim to the secret workings of this insidious af-

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section. In obedience to a request which he had frequently made his viscera were examined and to their astonishment his physicians perceived that nearly the whole of his liver was removed by absorption.

Hepatitis terminates in resolution, suppuration, scirrhus, dropsy and sometimes the rarely ~~in~~ gangrene.

When it terminates in resolution it is the consequence of some evacuation. A hemorrhage from the nose or from the hemorrhoidal vessels frequently produces the happy effect. A diarrhea by translating morbid excitement to the intestines has cured this disease. Copious discharges

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by the kidneys & skin have likewise contributed
 co to the same event. But if resolution
 be not accomplished & the symptoms of
 fever and local pain be increased, sup-
 puration quickly ensues, a considerable quan-
 tity of pus is formed, a prominent tumour
 appears & a fluctuation may be perceived so
 as sufficiently to direct the operation of the
 surgeon to an opening with the cannula.

The great rigors are felt during the formation
 of pus & a sense of weight and oppression suc-
 ceeds that of acute pain. An accession of
 fever towards the evening, with flushings
 of the countenance, a propensity to profuse
 sweating and other symptoms of hectic fever
 follow suppuration. An inability to move

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The lower extremities Dr^d Rush has observed
as evincive of the same effect.

After suppuration an external tumour is not always observable, for it happens
by no means uncommonly that pus is formed ei-
ther in a part of the liver contiguous to the
diaphragm or on its concave surface.

The discharges of the human are vari-
ous & depend upon its seat. If no adhesions
have taken place between the suppurated part
and those in its vicinity the matter will be
emptied into the abdomen and death will be
the consequence. But if the convex part of the
liver be affected and adhesions have formed
between it & the peritoneum the matter will
be discharged externally by means of ulcers.

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tion. If the adhesion be to the diaphragm the pus may pass through it & be thrown into the cavity of the thorax and by further adhesions into the lungs & pericardium. Adhesions may likewise be formed with the cystic or hepatic ducts, the ductus communis, the stomach, the duodenum or the colon.

Rich mentions the case of Dr Redman in whom the abscess opened into the lungs & when its contents were ejected by expectoration. But when the discharge is suddenly thrown upon them it more commonly proves fatal by producing suffocation. The matter discharged is a mixture of pus with bile, mucus, or blood and sometimes in as large a quantity, as a gallon in 24 hours. The diseases which most resemble

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hepatitis & for which it may be mistaken are, pneumonia vera, bilious & notha, inflammation of the stomach and rheumatic affections of the muscles in the neighbouring parts.

The severe pain, or a greivous cough & uneasy respiration which frequently attend hepatitis, render it difficult to distinguish it from the pulmonary states of fever just mentioned. The sensation of heat which affects the stomach in gastritis, and the great debility under which the patient labors will distinguish it from hepatitis.

The rheumatic affection may be known by the pain being more diffused and frequently alternating with a pain in one of the joints. The arterial action is also

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with influence by the latter affection.

Upon dissection the following condi-
tions of the liver have been discovered - 1st ^{ly.}
Tubercles have been seen, 2nd ^{ly.} scrophulous he-
morrhoids, 3rd ^{ly.} large worms, 4th ^{ly.} inflamma-
tion, 5th ^{ly.} aneurysm, 6th ^{ly.} schirrhosity, 7th ^{ly.}
calculi concretions, 8th ^{ly.} a considera-
ble absorption of its substance.

Other remote causes of hepatitis are
intemperance in the use of ardent spirits,
some drunkards are subject to diseases
of the liver — The immoderate use of high
ly seasoned aliment — violent exercise
seasoning — heat, hence in hot climates &
in hot seasons the vast number of bilious
new diseases — mania — gout — contusions



on the head. passions of the mind change of diet, after having been restricted for some time exclusively to a vegetable or an animal diet, and water according to Gallesstone & Sydenham - but the most prolific source of this disease is marsh miasmata. Morbid action is invited to the liver by previous acidity which is the sole predisposing cause of every disease - and in consequence of this predisposition the remote likewise becomes the exciting cause. The proximate cause is the increased or irregular action constituting the disease. I shall now proceed to speak in a few words of the method of cure. In acute hepatitis

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early & copious blood-letting are necessary in order to prevent suppuration. The pulse should be our principal guide in prescribing this remedy. If it is full or tense accompanied with a severe pain in the arm or side & uneasy respiration we should not hesitate to use the lancet freely. The bowels should be kept open by the frequent use of active cathartics.

Enemata should be frequently given to supply the place of obstructed bile. *John Barton* has employed digitalis in combination with nitre as an auxiliary to bloodletting with considerable advantage. It depends the arterial action and thereby relieves the most distressing

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symptoms of this disease. After the inflammatory state of the system is somewhat removed by the above means blisters should be frequently applied to the affected sin-
 also cups & leeches, the actual & potential caustery, &c.

Whenever the excitement of the system is removed when the healthy joint we should have recourse to stimulating & tonic remedies. But near to the use of the lancet I believe that mercury given so as to excite a salivation has pro-
 ven most beneficial. It would be use-
 less to dwell upon the different opinions res-
 pecting the operation of mercury. It is
 enough that we know it has no specific

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action on the liver & that its good effects are produced by translating morbid action to a less vital part. The acute and chronic hepatitis are to be cured by the same remedies differently prescribed. In the latter affection we should bleed often & well in smaller quantities — and a salivation should be particularly depended upon in order to effect the cure &c &c

The following account of the treatment of a violent case of hepatitis will afford some evidence of the correctness of the practice I have adopted.

T. C. aged 18 years, of a dark complexion & of that peculiar cast of features which marks an active mind was attacked with the usual symptoms of bilious fever. On the 10th of Sept. he was visited by a physician a few hours after a severe chill which lasted upwards of 40 minutes alternating with slight flushes. He was

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restless; complained of excessive heat and
of a disagreeable heavy sensation which
"stopped up his passages." Inflammation of the liver
was not suspected. His pulse was full &
strong, indicating a high degree of excitement.
Four ounces of blood were immediately taken from
him & 39^{grs} of calomel & 12 grs jalap were pre-
scribed, to be taken in syrup - his drink was di-
minished. Sept 17th at 7 o'clock: He was consi-
derably worse, highly delirious, his eyes red & fierce,
every feature distorted & expression of wildness
& mental derangement. His tongue was dark
on its superior or upper part & of a bright yellow
color on the edges. His skin was so intensely
hot that it was disagreeable to the touch.
His pulse was not so full as it was on
the 16th but irregular & extremely dense. The
emetic given in preceding day had not

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operation. His urine was yellow & secreted in small quantity. It irritated the urethra & gave some uneasiness in the neck of the bladder. He was now seized with an acute pain in the right side which extended to the shoulder. On examination it was discovered that the liver was enormously enlarged, reaching over to the left side.

The blood which when drawn on the 16th was remarkably thin & acid, now resembled thick blackberry jelly & appeared to be incapable of being oxygenized. Fifteen ounces of blood were now taken from him & the former purgative repeated. A blister 4 inches square was applied to his right side. - At 5 o'clock P. M. all the symptoms were aggravated. There had been no evacuation of any kind except of urine & that in small

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quantity. The blister had not drawn. His
pulses was still slow. Ten ounces of blood were
again drawn. An ounce of castor oil given to the
patient. Sept. 19.th He was seized with a chill
at 8 in the morning. His eyes had lost their
greenness; were watery & yellow. His pulse
was up & slow. In this hot & dry, his tongue
black & free from moisture, no discharge by
stool or the kidneys inconsiderable. The blister
had not drawn well. The pain in the side still
severe. The patient lost 33 of blood - 9.th 10
of calomel. 7. 10 jalap were given him. An
Enema of castor oil, malagies & water, was
also administered. The injection returned
in half of an hour accompanied by a small
quantity of harden's feces. In 2 hours after

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hardened faeces of a dark color & of offensive smell were again discharged. Thirty minutes did not elapse before he threw up from his stomach a small quantity of viscid, dark bile. The vomiting was soon followed by a copious stool of half of a gallon of dark thick bile by measure. — At 6 O'clock P.M. he was affected with low delirium & distressing vomiting, his pulse was weak & quick, his eyes insensate, his tongue black & dry — he had frequent evacuations by stool, & blisters was applied to his affected side — 2 $\frac{1}{2}$ of calomel & 2 of a $\frac{1}{2}$ of opium were given every three hours with a view to induce salivation & to excite his system which was evidently debilitated. —

On the 19th he was much better — he had slept well the night before — he felt no pain & the

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tumour had diminished considerably - his pulse was soft & much slower - his skin cool & moist - the blister had drawn well. The calomel & opium were continued as above. In the evening a small degree of moisture appeared on the edges of the tongue & the pulse was nearly natural. The calomel & opium were continued. — On the 20th in the evening a salivation was induced which continued 3 or 4 days. The health of the patient was in a few weeks perfectly restored without the further aid of medicine.

He was directed to live temperately, to avoid the use of spirituous liquors & to return gradually to former habits.

